

Name  
In  
Full

Amos Barrett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

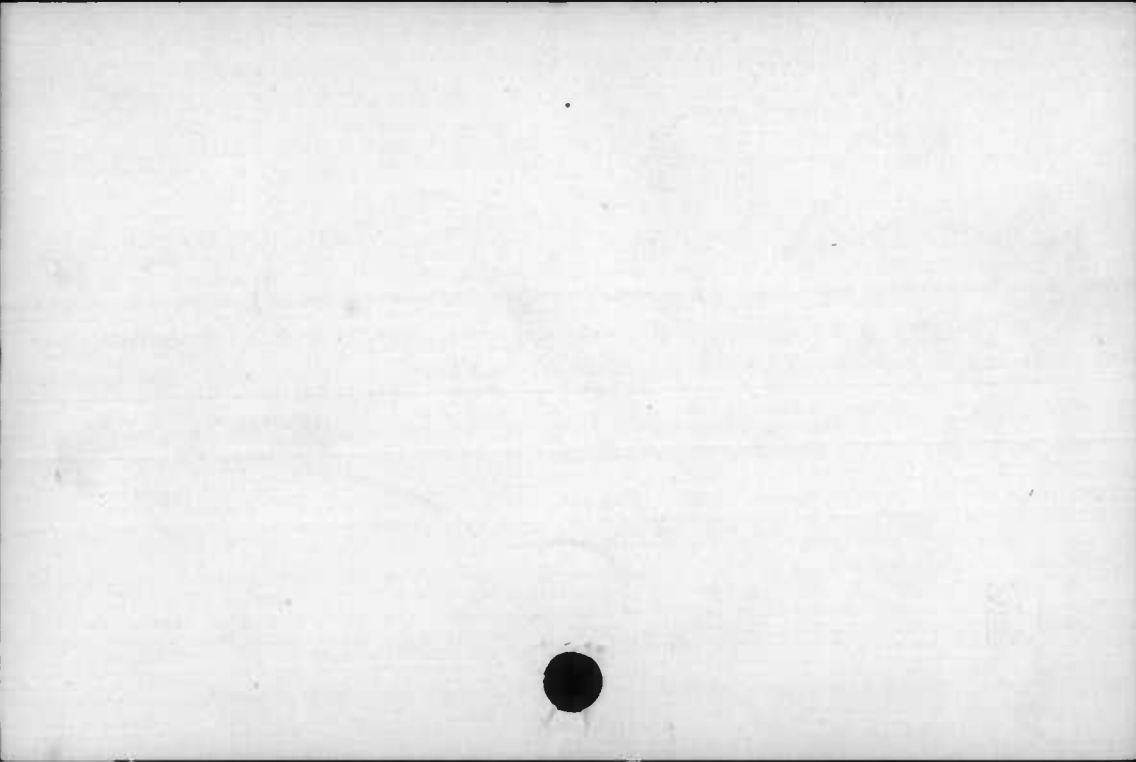
Died at <i>Centreville Md</i>		Town <i>Queen Anne's</i>		County <i>Anne's</i>		MARYLAND	
Date of death <i>1909 Aug</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Centreville Md</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Barrett</i>			Father's Birthplace <i>Queen Anne's Co</i>				
Mother's Maiden Name <i>Serena Griffin</i>			Mother's Birthplace <i>Queen Anne's Co</i>				
Name of person giving information <i>Joseph Barrett</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>16 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Smith</i>	
		Address <i>Centreville Md.</i>	
Accident or Suicide? <i>No.</i>			



Name  
in  
Full

Etta J. Bolin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

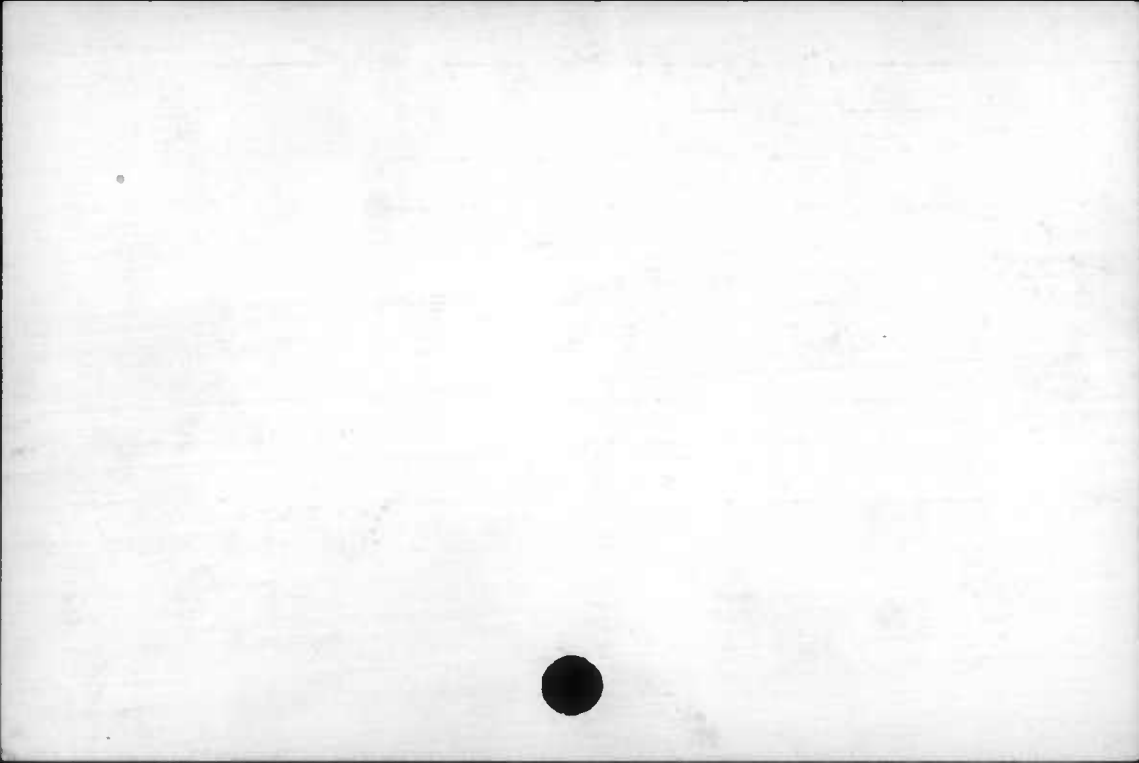
Died at <i>Perry's corner</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	2
Age	31				
Sex	Female		Color or Race	White	
Occupation	Housewife		Where Residing if not at place of death	on a farm in Md	
Married, Single or Widowed	Married		Name of Wife or Husband	A. J. Bolin	
Father's Name	Washington W. Nelson		Father's Birthplace	Queen Anne Co Md	
Mother's Maiden Name	Etta J. Grant		Mother's Birthplace	Portsmouth Va	
Name of person giving information	E. J. Nelson.		How related to deceased	mother	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulm. Tuberculosis</i>		How long	<i>6 mos</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Wm J Henry</i>
			Address	<i>Stevensville Md</i>
Accident or Suicida		<i>no</i>		



Name  
in  
Full

James Bordley M.D.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Bentonsville* Town *Linn* County *MISSOURI* **MARYLAND**

Date of death *1909* Month *Aug* Day *30th* Age *64* Years Months *4* Days *16*

Sex *Male* Color or Race *White* Birth-place *Bentonsville*

Occupation *Physician* Where Residing if not at place of death *Bentonsville*

Married, Single or Widowed *Single* Name of Wife or Husband *Ella F. Bordley*

Father's Name *James Bordley* Father's Birthplace *Maryland*

Mother's Maiden Name *Marcella W. Munney* Mother's Birthplace *Baltimore*

Name of person giving Information *James Bordley Jr* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

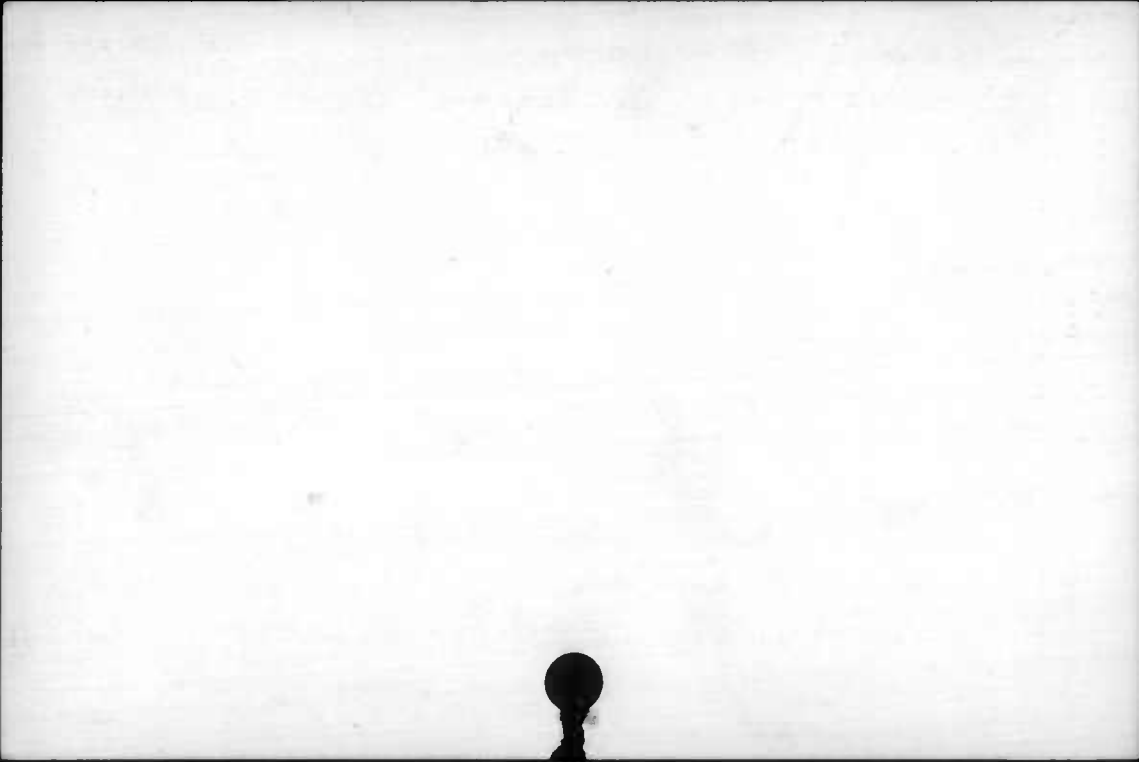
Primary *Arteriosclerosis* How long *over 6 yrs*

Immediate *Apoplexy* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *James Bordley M.D.*

Address *Bentonsville, Mo.*

Accident or Suicide *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

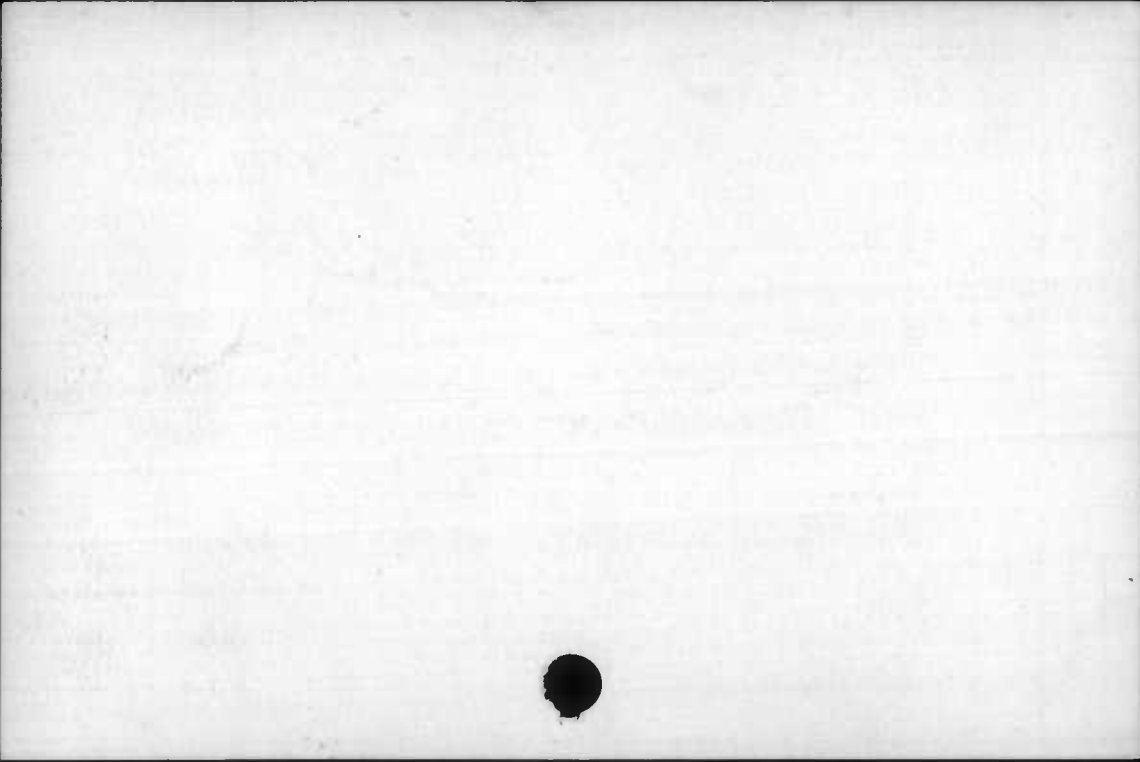
Name in Full <i>Mary Bowyer</i>		Town <i>Barclay</i>		County <i>Queen Anne's</i>		STATE <i>MARYLAND</i>	
Died at <i>Barclay</i>		Month <i>Aug</i>		Day <i>3rd</i>		Years <i>75</i>	
Date of death <i>1909</i>		Months <i>1</i>		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Near Barclay</i>					
Married, Single or Widowed <i>Widowed</i>		Name of <del>Wife</del> or Husband <i>John Boyer</i>					
Father's Name <i>George Moffett</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Hester Numbur</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving Information <i>Ella Wallace</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>General Senility</i>	How long	<i>Indefinite</i>
Immediate	<i>Inanition</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. W. Brown M.D.</i>	
		Address <i>Dryville Ind.</i>	
Accident or Suicide? <i>No</i>			





Name  
in  
Full

Medford M. Clow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Heas Bradley</i>		Town <i>Heas Bradley</i>		County <i>Truman</i>		State <i>MARYLAND</i>	
Date of death	<i>1909</i>	Month <i>8</i>	Day <i>7</i>	Age <i>19</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death <i>Ind</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Stenn H Clow</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Rush-Fields</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Stenn H Clow</i>				How related to deceased <i>Grandson</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	<b>(27)</b>	How long <i>8 Months</i>
Immediate	<i>" and general weakness</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Herb Foster, Susby and Smith</i>	
Yes		Address <i>Susbyville Ind</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Mary Francis Conyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

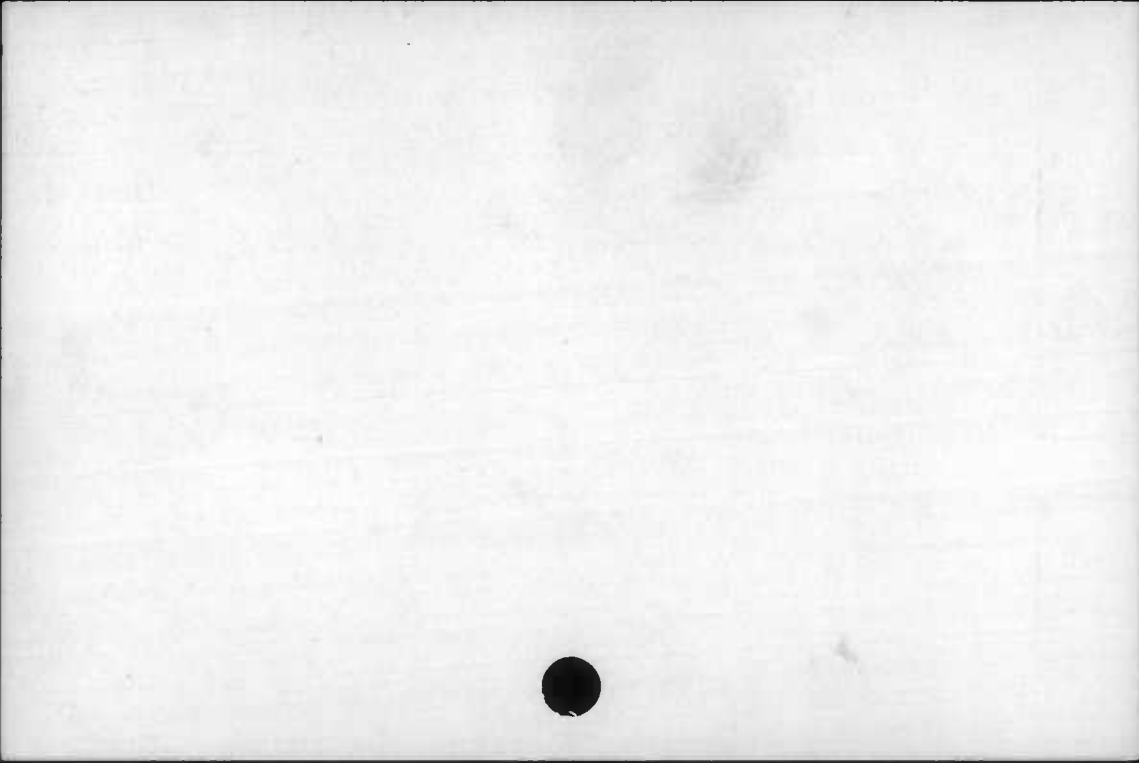
Died at		Town <i>Centreville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death		Month <i>8</i>	Day <i>26</i>	Years <i>54</i>	Months <i>3</i>	Days <i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Baltimore Co</i>
Occupation	<i>Nursing</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Robt Henry Conyer</i>				
Father's Name	<i>Don't Know</i>					Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>Mary Sauter</i>					Mother's Birthplace	<i>Don't Know</i>
Name of person giving information	<i>Wm Wilmer</i>					How related to deceased	<i>Half Brother</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>Not Known</i>
Immediate	<i>Uremia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y ~</i>	Signature of Physician	<i>J. M. [Signature]</i>
		Address	<i>Centreville</i>
Accident or Suicide?	<i>no</i>		<i>me</i>

120



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Boreloy</i> <sup>Town</sup>		<i>Queen Anne's Co</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>24</i> Age <i>80</i> <sup>Years</sup>				<i>-</i> <sup>Months</sup> <i>-</i> <sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Occupation <i>House Maid</i>	Where Residing if not at place of death <i>Boreloy</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jake Dieberson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Do Not Know</i>	Mother's Birthplace				
Name of person giving Information <i>Charles Dieberson</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 yr</i>
Immediate <i>4 haematuria</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Dadey, M.D.</i>
	Address <i>Ch. Hill Maryland</i>
Accident or Suicide <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Louise W. Elliott*

Died at *Stevensville* <sup>Town</sup> *Qd* <sup>County</sup>

**MARYLAND**

Date of death 190 *9* <sup>Month</sup> *Aug* <sup>Day</sup> *26* Age <sup>Years</sup> *21* <sup>Months</sup> *11* <sup>Days</sup> *4*

Sex *Female* Color or Race *white* Birth-place *Kent Co., Md.*

Occupation *none* Where Residing if not at place of death *11 4 4*

~~Maided~~, Single ~~or Widowed~~ Name of Wife or Husband \_\_\_\_\_

Father's Name *Albert Elliott* Father's Birthplace *Centerville, Md.*

Mother's Maiden Name *Alfreda Welby* Mother's Birthplace *Talbot Co., Md.*

Name of person giving Information *H. A. Legg* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

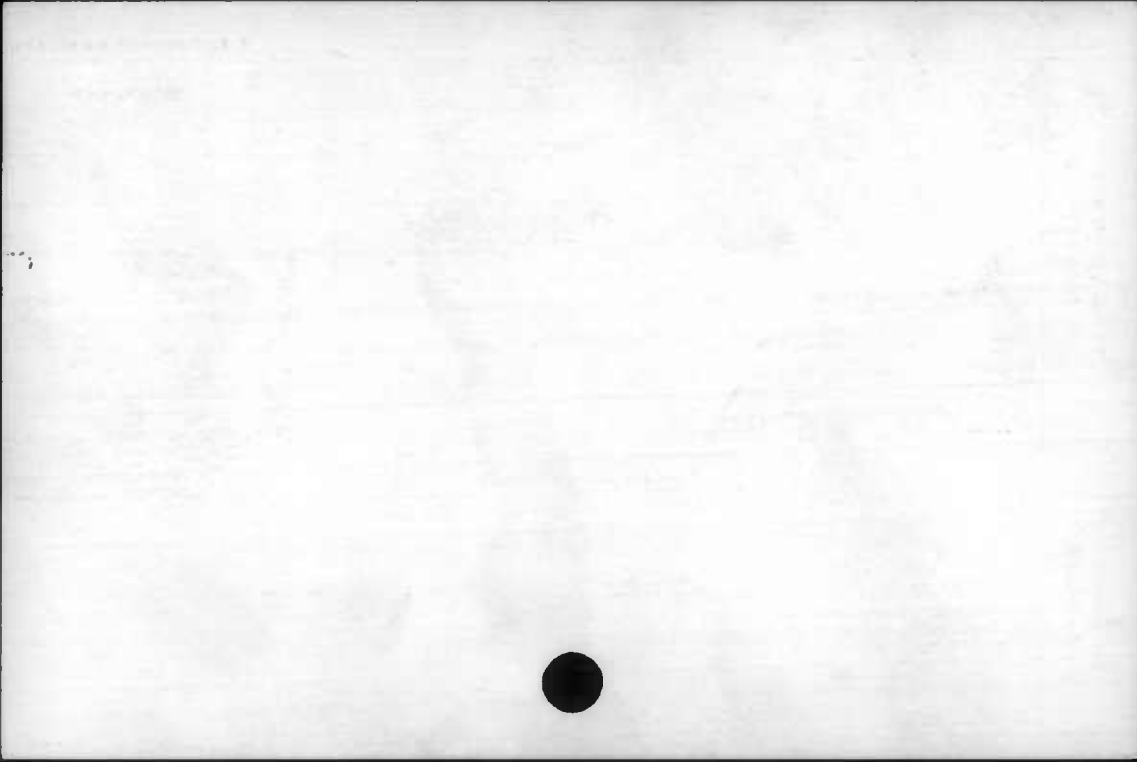
Primary *Typhoid Fever* How long *6 weeks.*

Immediate *Perforation of Bowels & Hemorrhage* How long *12 hours.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Percy Kemp*

Address *Stevensville, Md.*

~~Accident or Suicide~~





Name  
in  
Full

Elijah Foreman

## CERTIFICATE OF DEATH

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NEAREST FRIEND

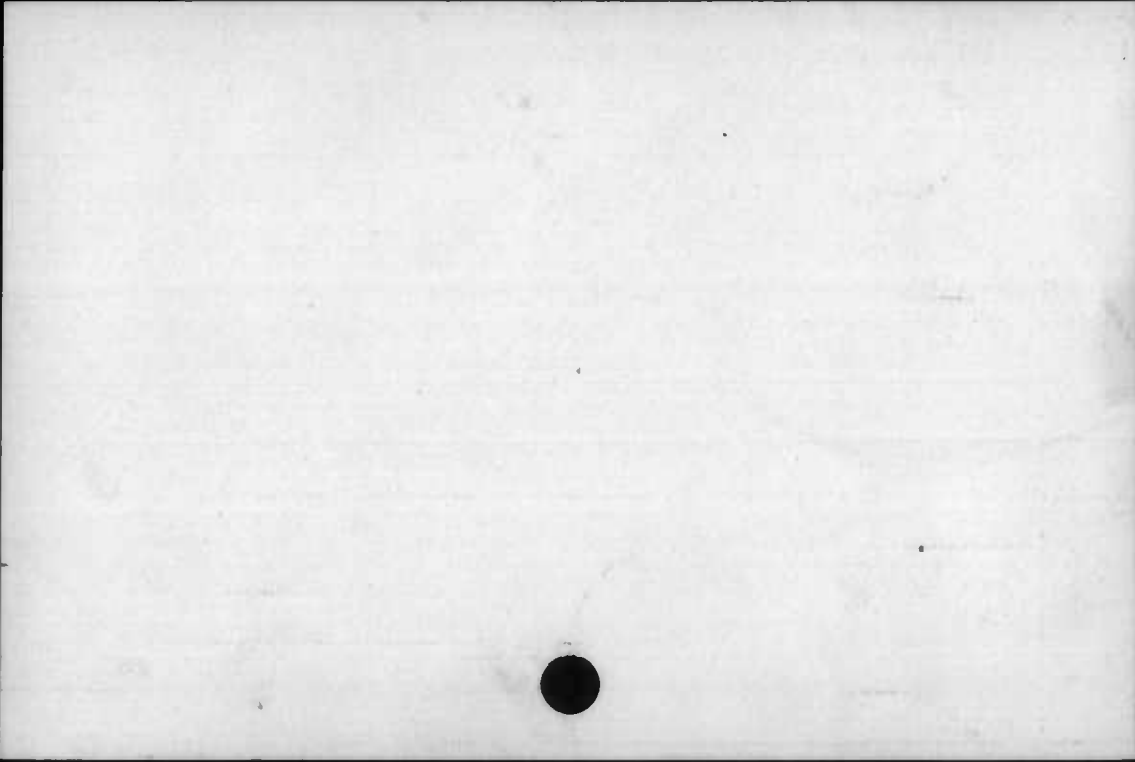
Died at		Town Winchester		County Queen Anne		MARYLAND	
Date of death		1909	Month 8	Day 10	Age 70	Years 8 <sup>th</sup>	Months 7
Sex male		Color or Race Colored		Birth- place Kent Island			
Occupation Farm hand				Where Residing if not at place of death Home			
Married, Single or Widowed		Married		Name of Wife or Husband Susan			
Father's Name Henry Foreman				Father's Birthplace Kent Island			
Mother's Maiden Name Unknown				Mother's Birthplace " "			
Name of person giving In formation Susan Foreman				How related to deceased wife			

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	Excessive Heat	How long	one day
Immediate	Apoplexy	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. W. Chaires	
Address		Queenstown	
Accident or Suicide?			



Name  
in  
Full

Emma Keoma Gardner.

## CERTIFICATE OF DEATH

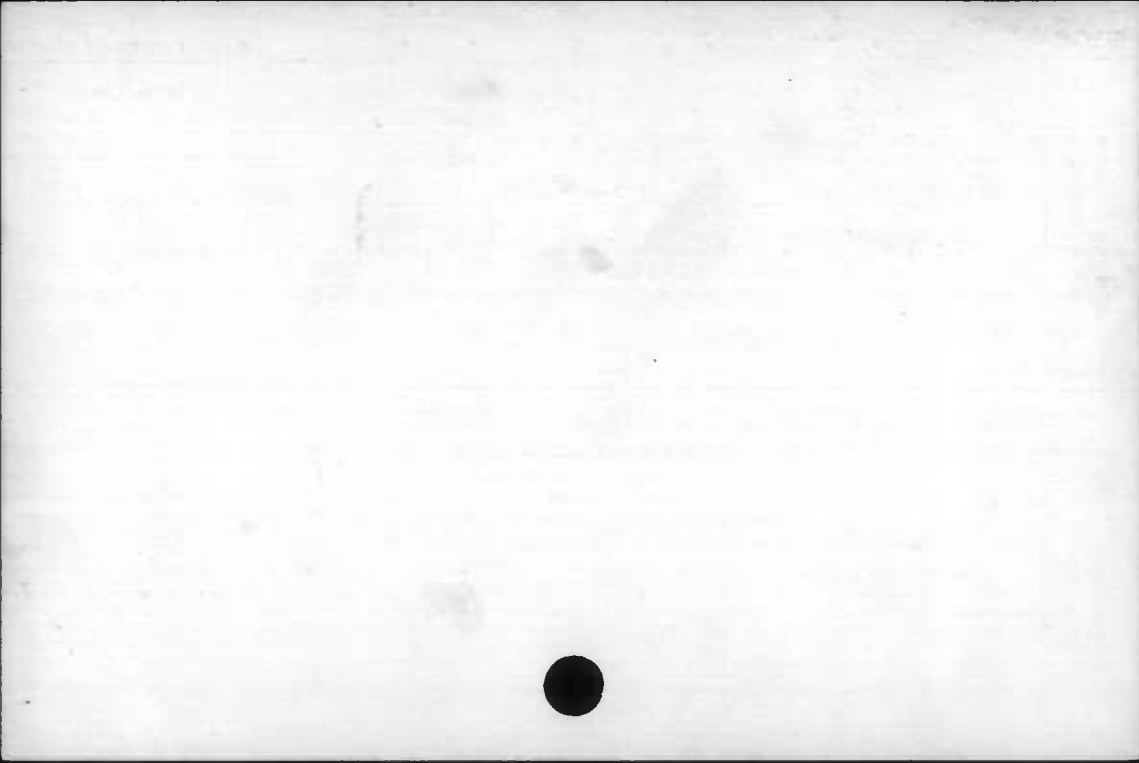
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chester</u> Town		<u>Green Anne</u> County		MARYLAND	
Date of death 190 <u>9</u>	Month <u>Aug</u>	Day <u>5</u>	Age	Years <u>7</u>	Months <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co.</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Edw Harris</u>	<u>Gardner</u>		Father's Birthplace	<u>Kent Co.</u>	
Mother's Maiden Name <u>Lotta Virginia</u>	<u>Ewing</u>		Mother's Birthplace	<u>Kent Co.</u>	
Name of person giving Information <u>Edw Harris</u>	<u>Gardner</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Erythematous Eczema</u>	How long <u>6 mo.</u>
Immediate <u>Dysentery, Colic</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Chas E. Snyder</u>
	Address <u>Stevensville Md.</u>
Accident or Suicide	



Name  
in  
Full

Elizabeth Gibbs

## CERTIFICATE OF DEATH

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NEAREST FRIEND

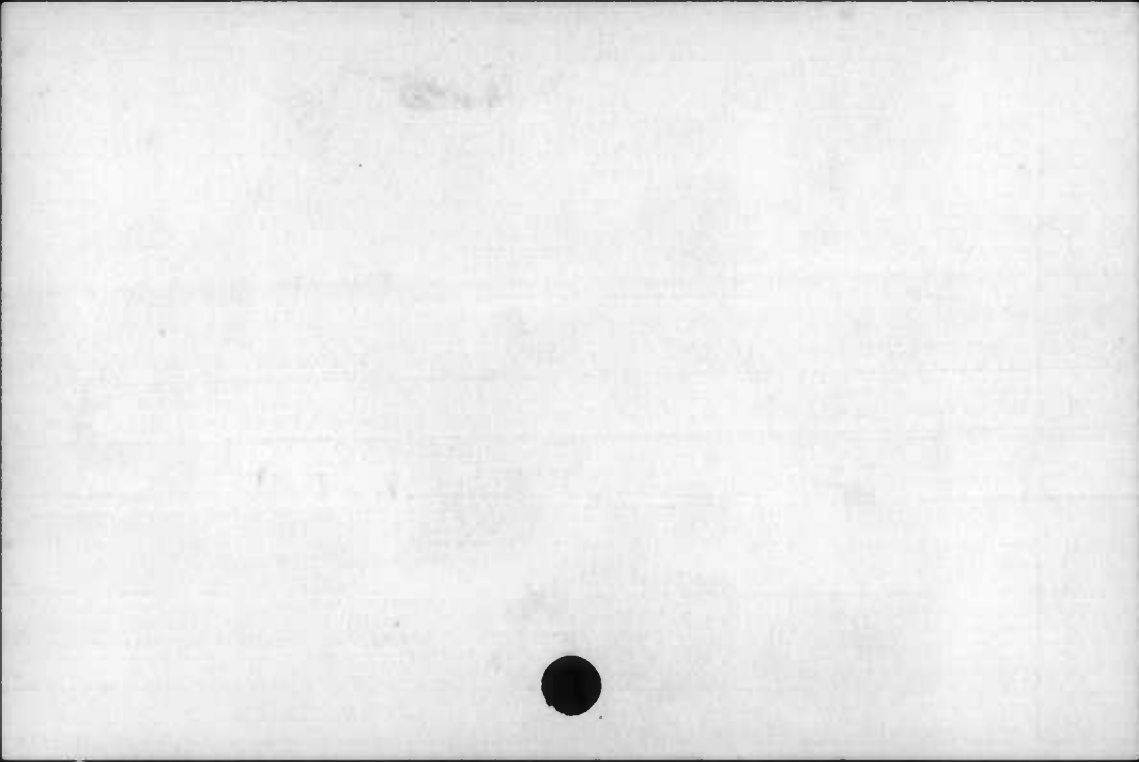
Died at		Town CENTREVILLE, MD.		County Queen Anne		MARYLAND	
Date of death		Month 8	Day 28	Age 58		Months —	Days —
Sex Female		Color or Race Negro		Birth- place Queen Anne Co			
Occupation Servant		Where Residing if not at place of death —					
Married, Single or Widowed Widow		Name of Wife or Husband Wm Gibbs					
Father's Name Mark Dodd		Father's Birthplace Queen Anne Co.					
Mother's Maiden Name Azzie Robinson		Mother's Birthplace Queen Anne Co.					
Name of person giving In formation Laura Bell Gibbs		How related to deceased Daughter					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long	3 years
Immediate	Heart Failure		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician E. F. Smith	
			Address Centreville	
Accident or Suicide?		No.	Md.	



Name  
in  
Full

Nancy Goldsborough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Centreville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		aug.	24	Age 95			
Sex		Color or Race		Birth-place			
Female		Negro		Queen Anne's Co.			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Robert Goldsborough					
Father's Name		Father's Birthplace					
Abram Stordcaste		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Don't know							
Name of person giving information		How related to deceased					
Abram Goldsborough		Son					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 years.</i>
Immediate	<i>Heart Failure</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>E. J. Smith</i>	
		Address	
		<i>Centreville</i>	
		<i>Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Howard Harkless

Town

County

Died at in Crumpton

Q D County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

May

18

Age

—

—

Sex

Boy

Color or  
Race

Black

Birth-  
place

Crumpton

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles O Harkless

Father's  
Birthplace

Q D Co

Mother's  
Maiden Name

E M L Logan

Mother's  
Birthplace

Va

Name of person giving  
Information

Charles O Harkless

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Probably Premature Birth

How long

3 hrs

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

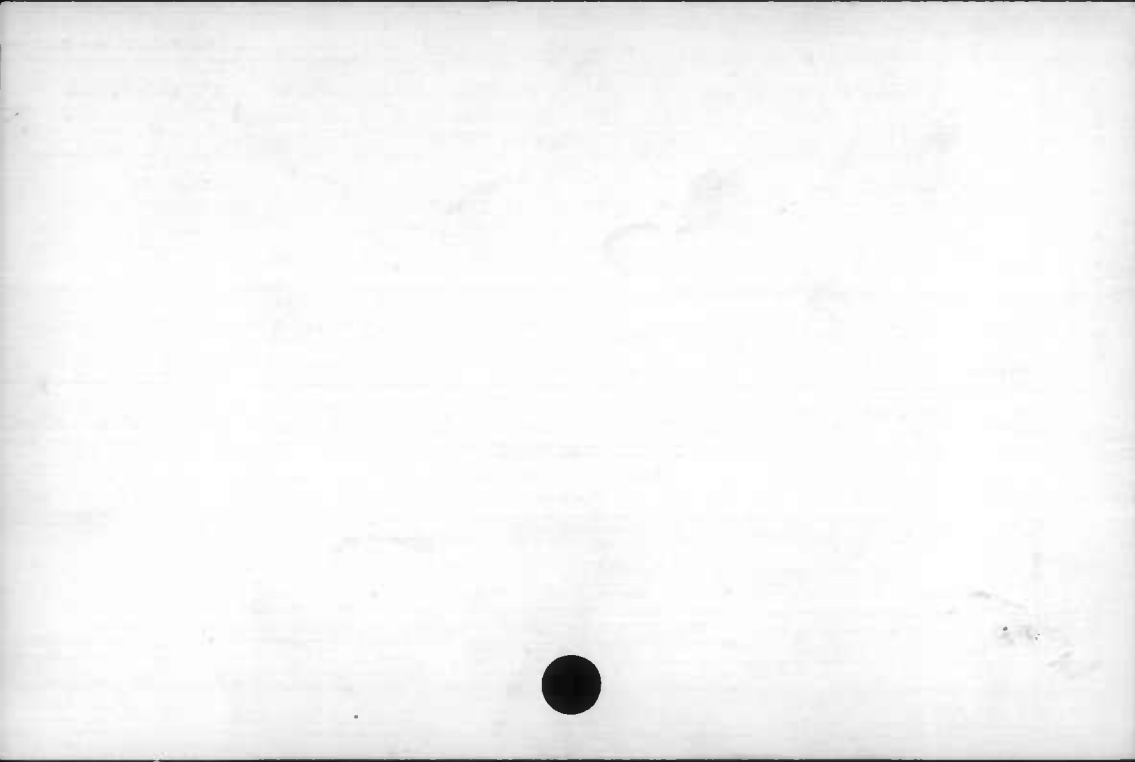
Arthur T Landers M D

Address

Health Officer  
Crumpton

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Hodges

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

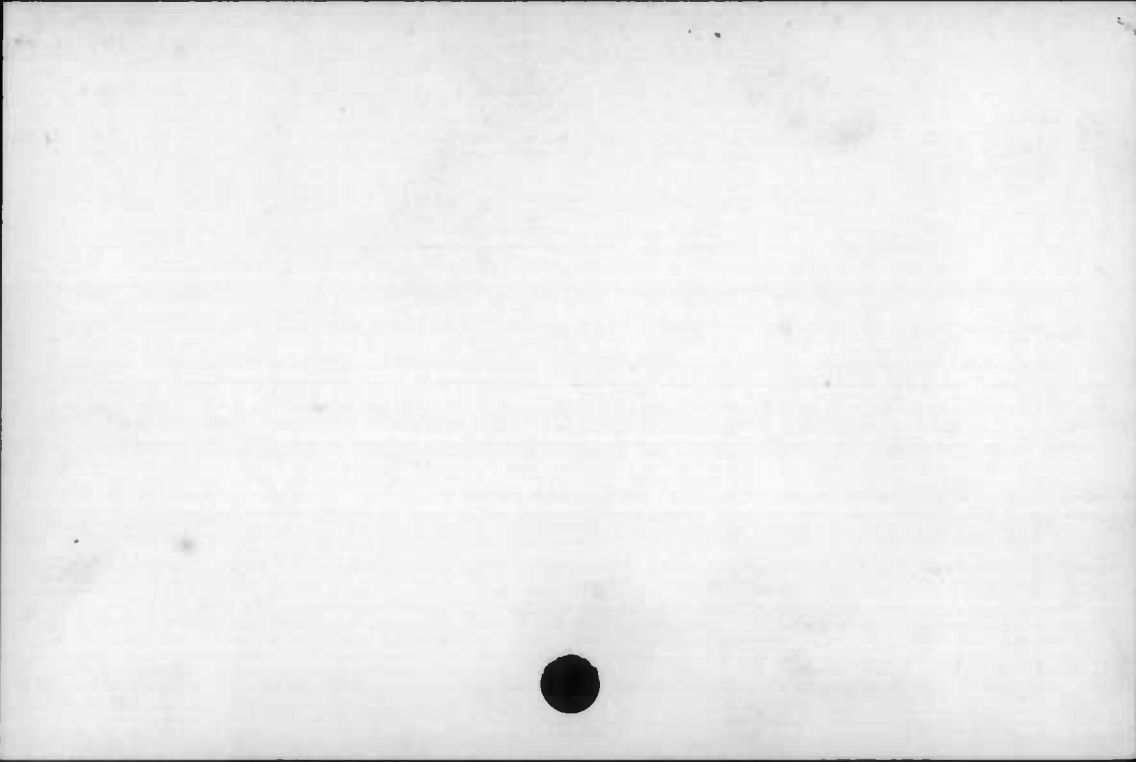
Died at <i>near Bondary</i>		County <i>Ann Arundel</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>8</i>	<i>27</i>		<i>3</i>	
Sex <i>Male</i>	Color or Race <i>ed</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Laura Hodges</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Thomas Hodges</i>			How related to deceased <i>Grand Father</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Unknown, never seen</i>	How long <i>all his life</i>
Immediate <i>child</i>	How long <i>Life, they say</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Hodges</i>
	Address <i>Sussexville md</i>
Accident or Suicide? <i>think not</i>	



Name  
in  
Full

Mary Catherine Hollingsworth

CERTIFICATE OF DEATH

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NEAREST FRIEND

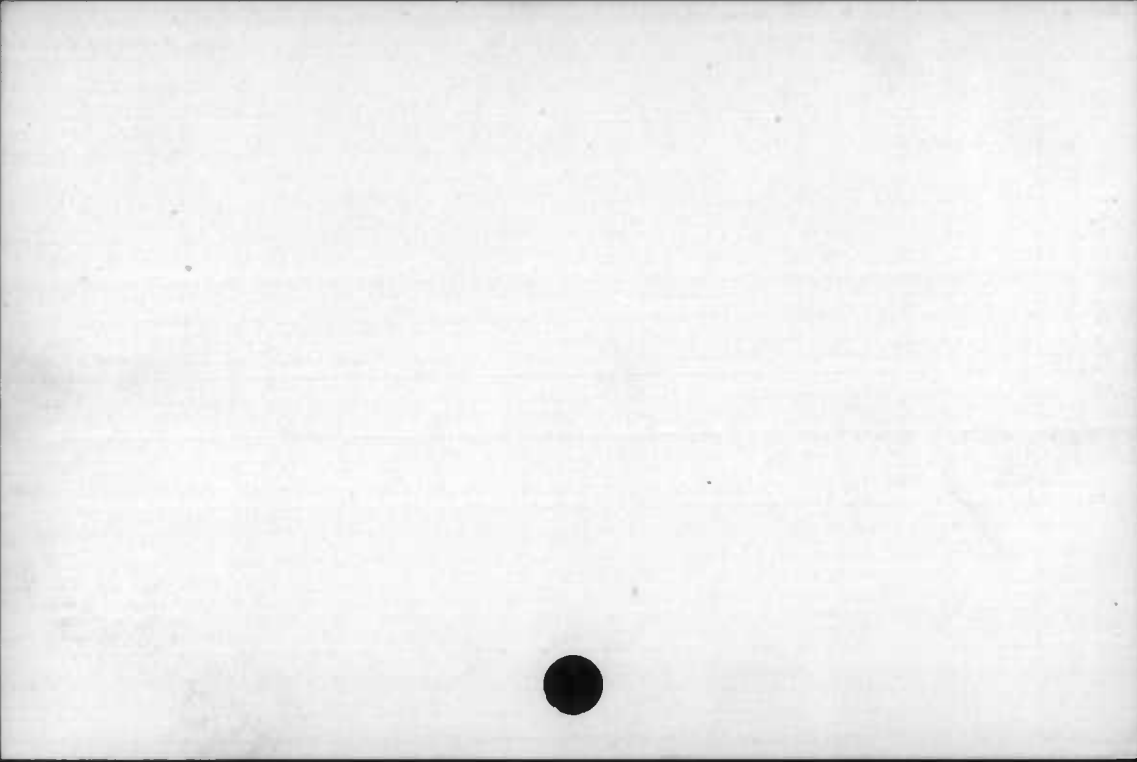
Died at <i>near</i> <sup>Town</sup> <i>Starr</i> <sup>County</sup> <i>Zuber Anne</i>		MARYLAND	
Date of death	<i>1909</i>	<i>8</i>	<i>9</i>
Month		Day	
Age		Years	
Sex	<i>Female</i>	Color or Race	<i>White</i>
Birth-place	<i>2. A. Co.</i>		
Occupation	<i>none</i>		
Where Residing if not at place of death			
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	<i>W. B. Hollingsworth</i>		Father's Birthplace <i>2. A. Co.</i>
Mother's Maiden Name	<i>Louisa Higgins</i>		Mother's Birthplace <i>2. A. Co.</i>
Name of person giving information	<i>W. B. Hollingsworth</i>		How related to deceased <i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Toxemia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
<i>yes</i>		Address <i>[Address]</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Fred McCreary*  
Town *Winchester* County *2 a Co* MARYLAND  
Died at  
Date of death *1909 Aug 30* Age *29*  
Sex *Male* Color or Race *White* Birthplace *Dorchester Co*  
Occupation *Cypherman* Where Residing if not at place of death *Winchester*  
Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*  
Father's Name *Thos E McCreary* Father's Birthplace *Not Known*  
Mother's Maiden Name *Annie Hurley* Mother's Birthplace *" " "*  
Name of person giving Information *Eddie McCreary* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *Don't know*  
Immediate *Cardiac failure* How long *Three hours*

Are the name, age, sex, color, date and place correctly given above?

*yes*

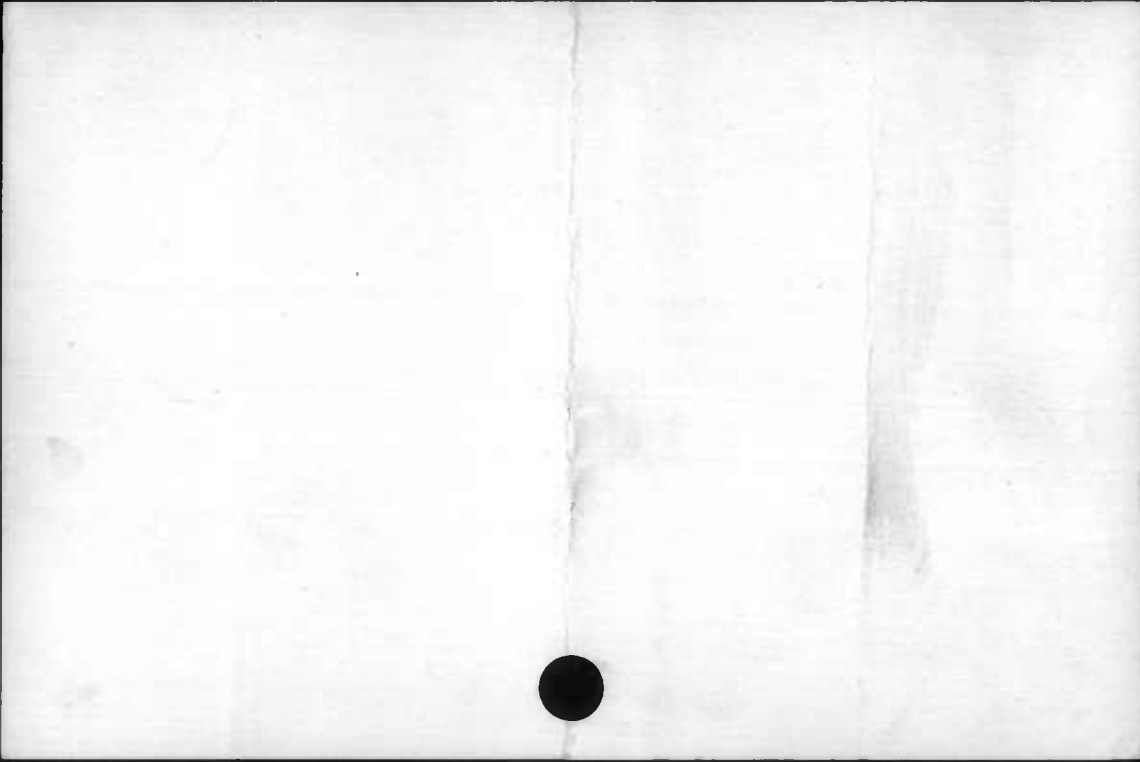
Signature of Physician

Address

*P. H. Ford*  
*Quantico, Va.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

Mary Anne Hickerson  
County Anne

MARYLAND

Died at Near Templeville  
Date of death 1909 8 8 Age 78 Months - Days -

Sex Female Color or Race White Birth-place Md.

Occupation Housework Where Residing if not at place of death -

Married, Single or Widowed Widowed Name of Wife or Husband James Hickerson

Father's Name James Hickerson Father's Birthplace Md.

Mother's Maiden Name Doct Knace Mother's Birthplace Doct Knace

Name of person giving information William Jackson How related to deceased none

CAUSES OF DEATH

14

Primary Dysentery How long 4 days

Immediate

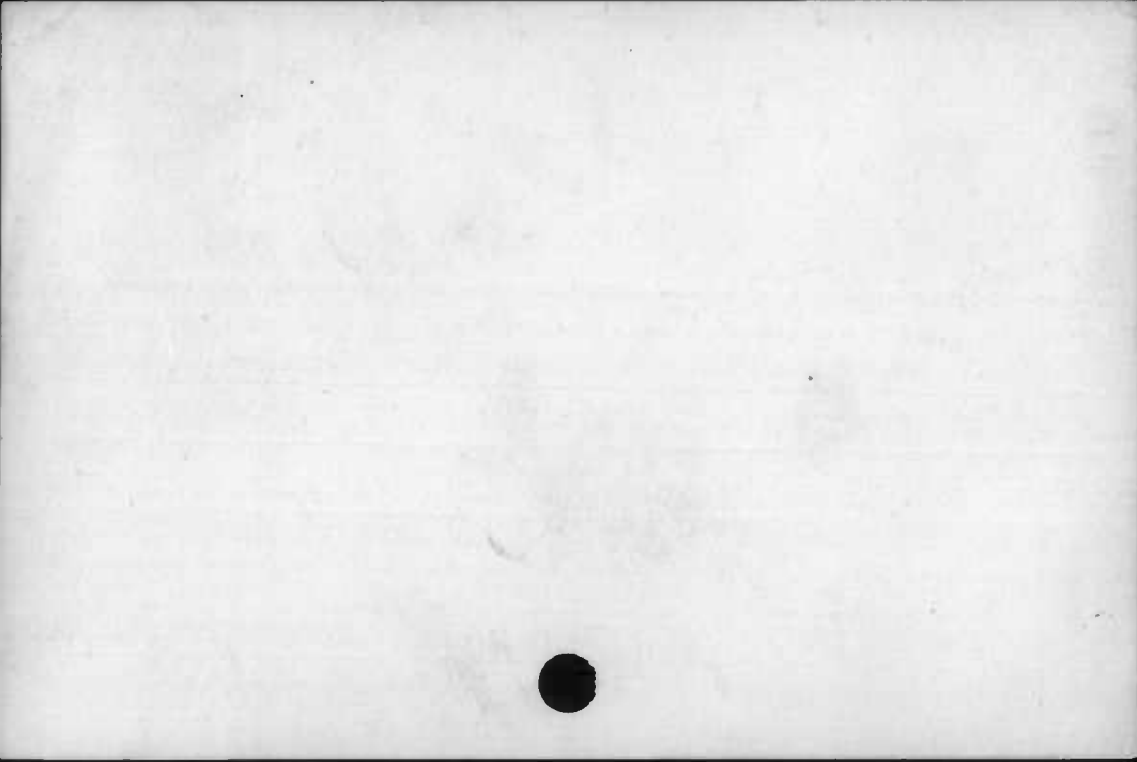
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. R. Smith, M.D.  
Address Templeville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

John William Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Ruthsburg		<sup>County</sup> Anne		MARYLAND	
Date of death	1909	Month	8	Day	3
Age		Years	3	Months	10
Sex	male	Color or Race	white	Birth-place	near Ruthsburg
Occupation	mowing		Where Residing if not at place of death	Place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	J. Medford Price			Father's Birthplace	2 A. 60 Md
Mother's Maiden Name	Annie R. Spawls			Mother's Birthplace	2 A 60 Md
Name of person giving Information	J. Medford Price			How related to deceased	father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Entirely Alite	How long	1 mo
Immediate	Exhaustion	How long	3 or 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
no		Baltimore	
Accident or Suicide		no	



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Roman  
Sudlersville

County  
D.C. Co.

MARYLAND

Died at

Date

of death 1909

Month 8

Day 13

Age

Years 53

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Laborer

Where Residing if not  
at place of death

Baltimore

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Anna Roman

Father's  
Name

don't know

Father's  
Birthplace

Germany

Mother's  
Maiden Name

don't know

Mother's  
Birthplace

Germany

Name of person giving  
In formation

Julius Roman

How related  
to deceased

Son

CAUSES OF DEATH

157

Primary

Suicide

How long

From 3 to -

Immediate

Strangulation

How long

18 hours

Are the name, age, sex, color, race  
and place correctly given above?

Yes

Signature of  
Physician

Fredy Sudbr

Address

Sudlersville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Silly Mr Feiler

403. S. Wolfe St.

Baltimore Md

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

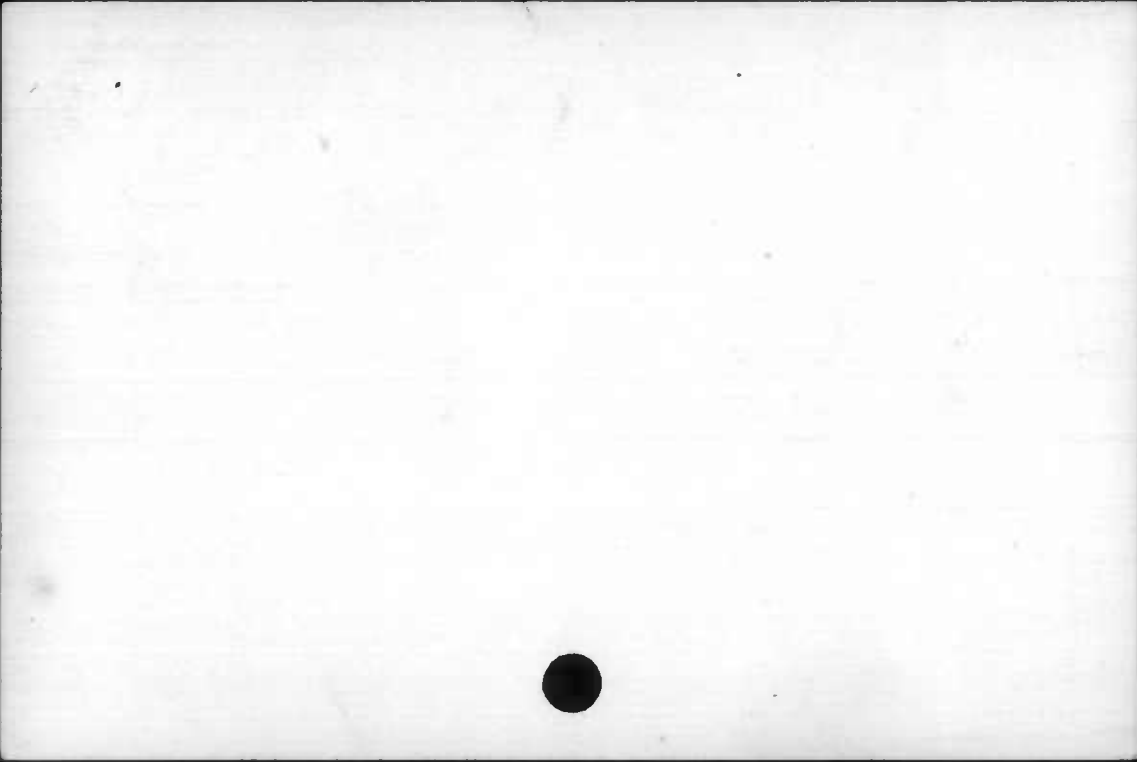
Name in Full <i>James Seward</i>		Town <i>Winchester</i>		County <i>D. C.</i>		State <i>MARYLAND</i>	
Died at <i>Winchester</i>		Month <i>Aug</i>		Day <i>18</i>		Age <i>75</i>	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>18</i>		Age <i>75</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co., Md.</i>			
Occupation <i>Old age</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie M. Thomas</i>					
Father's Name <i>Thomas Seward</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving Information <i>-</i>				How related to deceased			

## CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary	<i>Anterior Poliomyelitis</i>	How long	<i>Don't know (several years)</i>
Immediate	<i>Exhaustion, heart failure</i>	How long	<i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. W. Ford</i>	
		Address <i>Queenstown, Md.</i>	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Vinson Sewell

Died at <sup>Town</sup> CentrevilleCounty <sup>County</sup> Queen Annes

MARYLAND

Date of death 1909 Aug.

Day 7<sup>th</sup>

Age

Years 1

Months 4

Days

Sex

male

Color or  
Race

Negro

Birth-  
place

Centreville Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William H. Sewell

Father's  
Birthplace

Queen Annes Co

Mother's  
Maiden Name

Katie Simpson

Mother's  
Birthplace

Queen Annes Co.

Name of person giving  
In formation

William H. Sewell

How related  
to deceased

Father

## CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 weeks

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. F. Smith

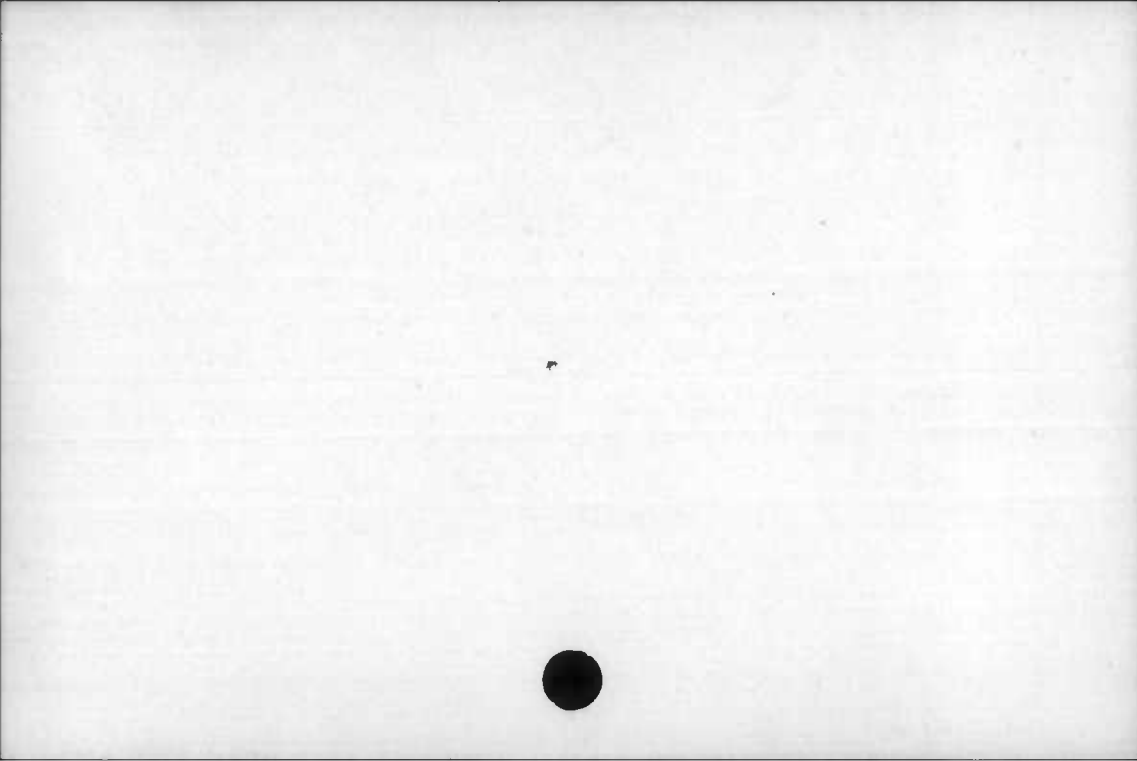
Address

Centreville

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Still Born Child of George & Ella Slaughter

CERTIFICATE OF DEATH

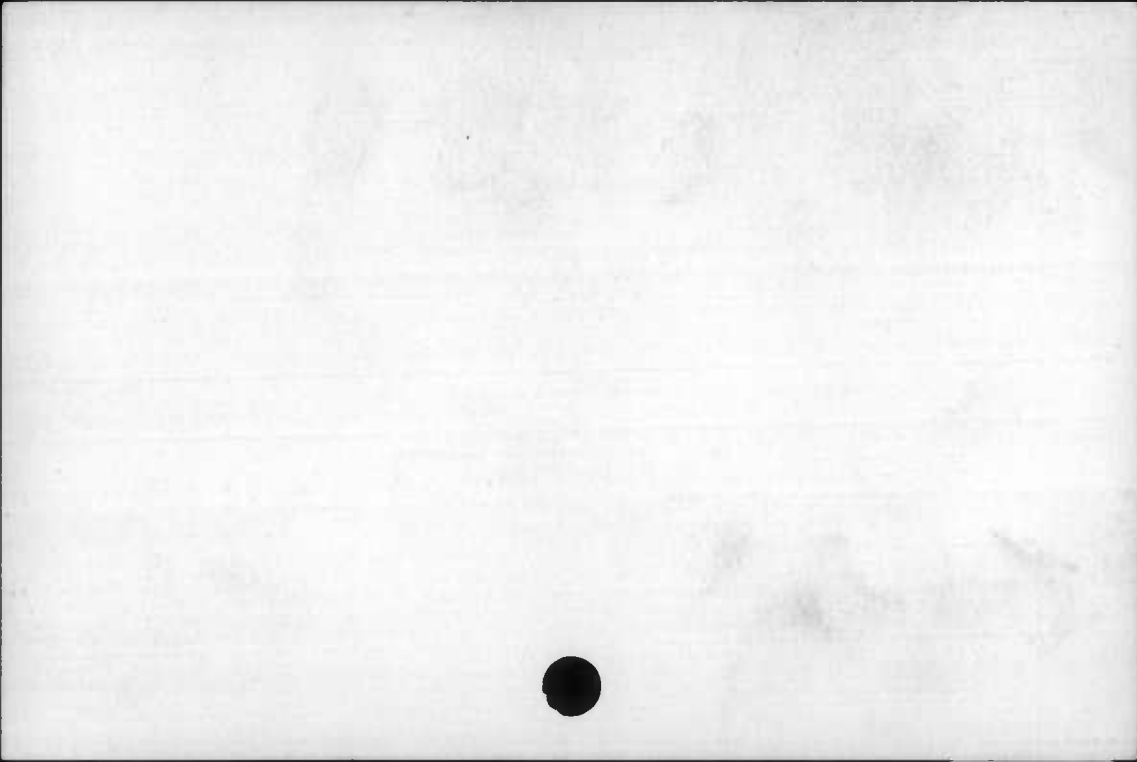
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Starr</u> Town		<u>Sumner</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>8</u>	Day <u>24</u>	Age	Years	Months
Sex	<u>male</u>	Color or Race	<u>white-American</u>	Birth-place	<u>Starr</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>George Slaughter</u>			Father's Birthplace	<u>MD</u>
Mother's Maiden Name	<u>Ella Smith</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>W. J. Kemp</u>			How related to deceased	<u>none</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still Born</u>	How long	<u>2</u>
Immediate	<u></u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>[Signature]</u>
	<u>no</u>	Address	<u>[Address]</u>
Accident or Suicide?	<u>no</u>		<u>[Signature]</u>



Name

in  
Full

Austin S Stafford

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Mar. Sudbroville*<sup>County</sup> *Town Anne*

MARYLAND

Date  
of death *1909*Month  
*8*Day  
*20*

Age

Years  
*1*

Months

Days

Sex *Male*Color or  
Race *White*Birth-  
place *Ind*

Occupation

Where Residing if not  
at place of death*Ind*☒ Married; Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Raymond R. Stafford*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Clara B. Shaw*Mother's  
Birthplace*Ind*Name of person giving  
In formation*Raymond R. Stafford*How related  
to deceased*Father*

## CAUSES OF DEATH

**105**

Primary

*Cholera Infantum*

How long

*Three weeks*

Immediate

*"**" and Meningitis*

How long

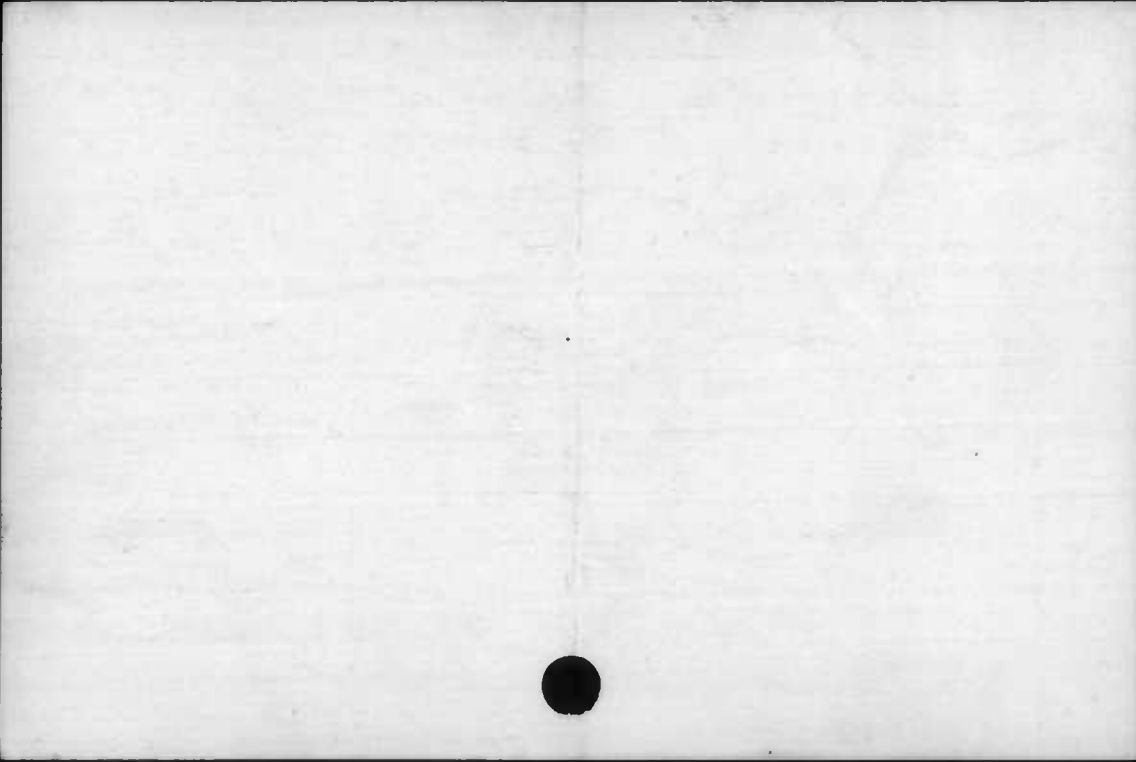
*One "*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Foster S. Suck*

Address

*Sudbroville Ind*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

*Viary Anna Thomas*

Town

County

MARYLAND

Died at

*Ingleside*

*Queen Anne's*

Date

Month

Day

Years

Months

Days

of death

*1909*

*Aug*

*5*

Age

*—*

*Two*

*15*

Sex

*Female*

Color or  
Race

*Colored*

Birth-  
place

*Delaware*

Occupation

*Infant*

Where Residing if not  
at place of death

*Ingleside Ind.*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*none*

Father's  
Name

*Emory Thomas*

Father's  
Birthplace

*Caroline Co.*

Mother's  
Maiden Name

*Rosie Thomas*

Mother's  
Birthplace

*Queen Anne's Co.*

Name of person giving  
In formation

*William Rochester*

How related  
to deceased

*Uncle*

CAUSES OF DEATH

*179*

Primary

*Marasmus*

How long

*Two months*

Immediate

*Starvation*

How long

*One week*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*W. W. Brown Ind.*

Address

*Ingleside*

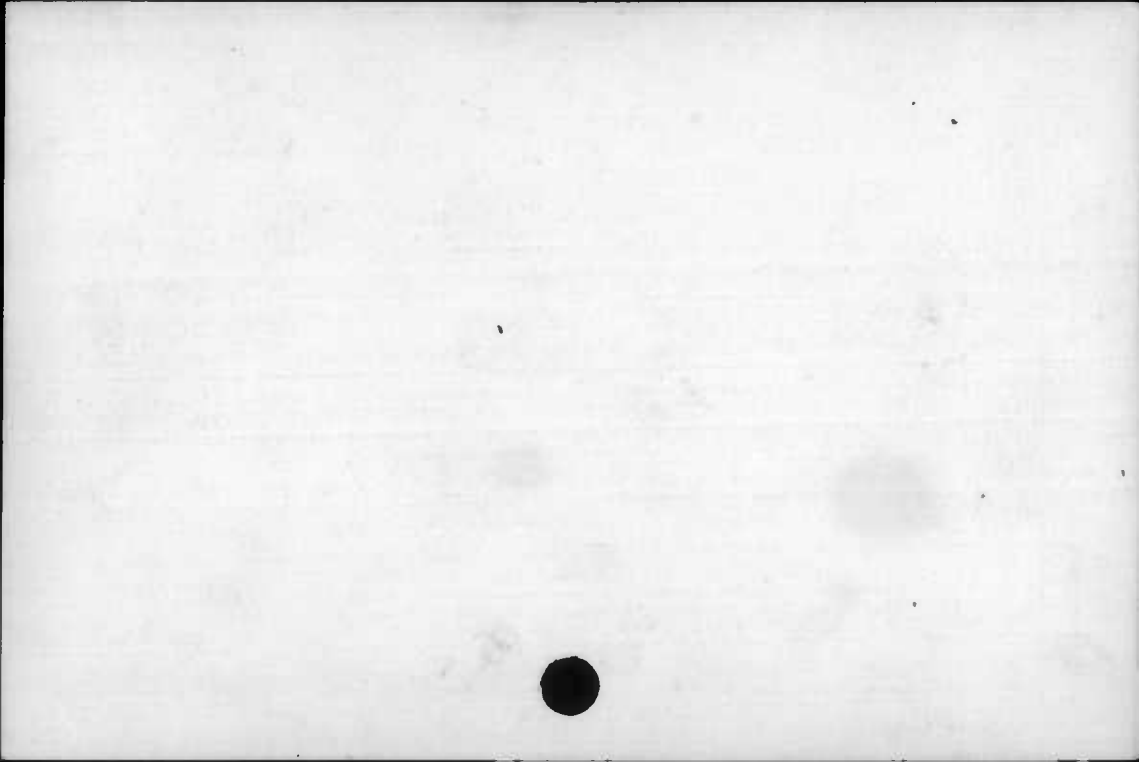
*Ind.*

Accident or Suicide?

*no*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Thomas

## CERTIFICATE OF DEATH

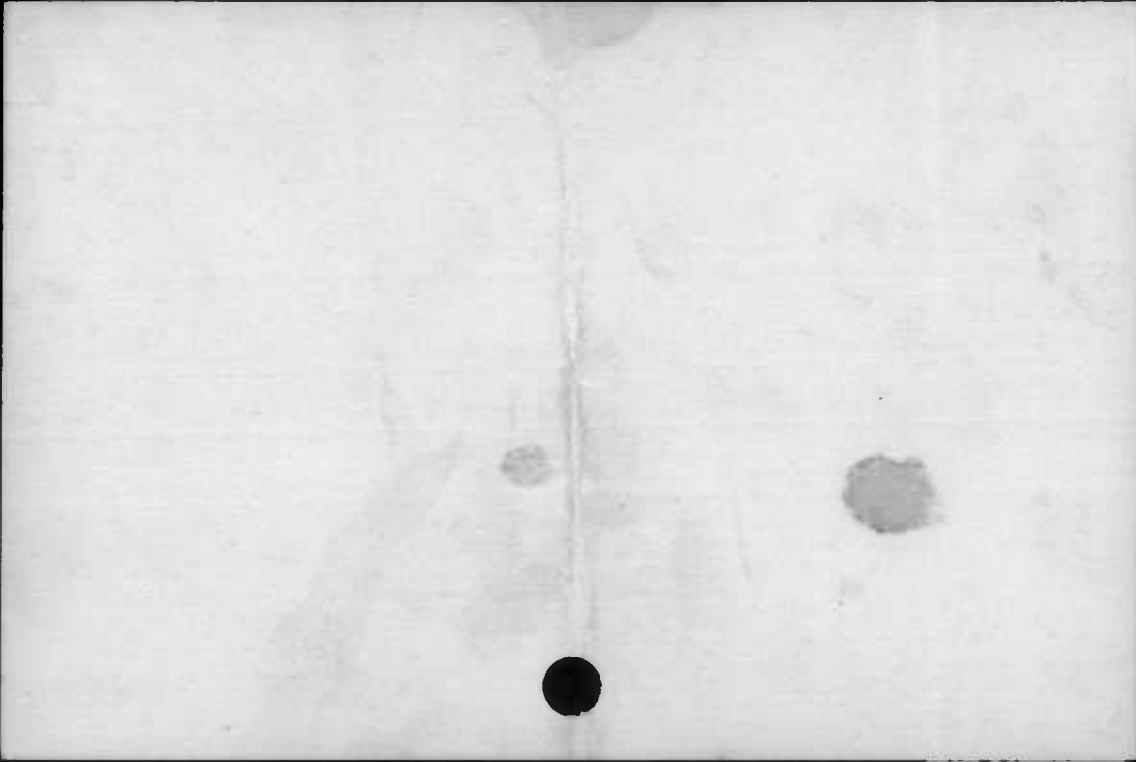
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Was Crumpin</i> Town		<i>Jessie Anne</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>8</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color <i>Ed</i>		Birth-place <i>Ind</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Chas. Thomas</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lillie Cooper</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Samuel Chas Thomas</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>8</i>
Immediate <i>Foot-and-amp. pneumonia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Foster Lusk</i>
	Address <i>Ludersville Ind</i>
Accident or Suicide? <i>Still born</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John W. Thompson</i>		Town <i>near Starr</i>		County <i>D. A. Co.</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Aug.</i>	Day <i>20</i>	Age <i>70</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>D. A. Co.</i>			
Occupation <i>Cable</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Jane Thompson</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving Information <i>Walter Morris</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary <i>Chronic Appendicitis</i>	How long <i>Not known</i>
Immediate <i>Peritonitis &amp; Flail paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. J. Cowe,</i>
	Address <i>Hillshorn, Md.</i>
Accident or Suicide <i>No</i>	



Name

in  
Full

Alma Tzenuk

## CERTIFICATE OF DEATH

Died at *Sadlersville* Town*Winn Anne* County

MARYLAND

Date  
of death *1909*Month  
*8*Day  
*23*

Age

Years

Months  
*8*

Days

Sex *Female*Color or  
Race *White*Birth-  
place *MD*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Henry T. Tzenuk*Father's  
Birthplace*MD*Mother's  
Maiden Name*Katherine Staharowka*Mother's  
Birthplace*MD*Name of person giving  
In formation*Henry Tzenuk*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Cholera Infusion*

How long

*105**one week*

Immediate

*" " Coma*

How long

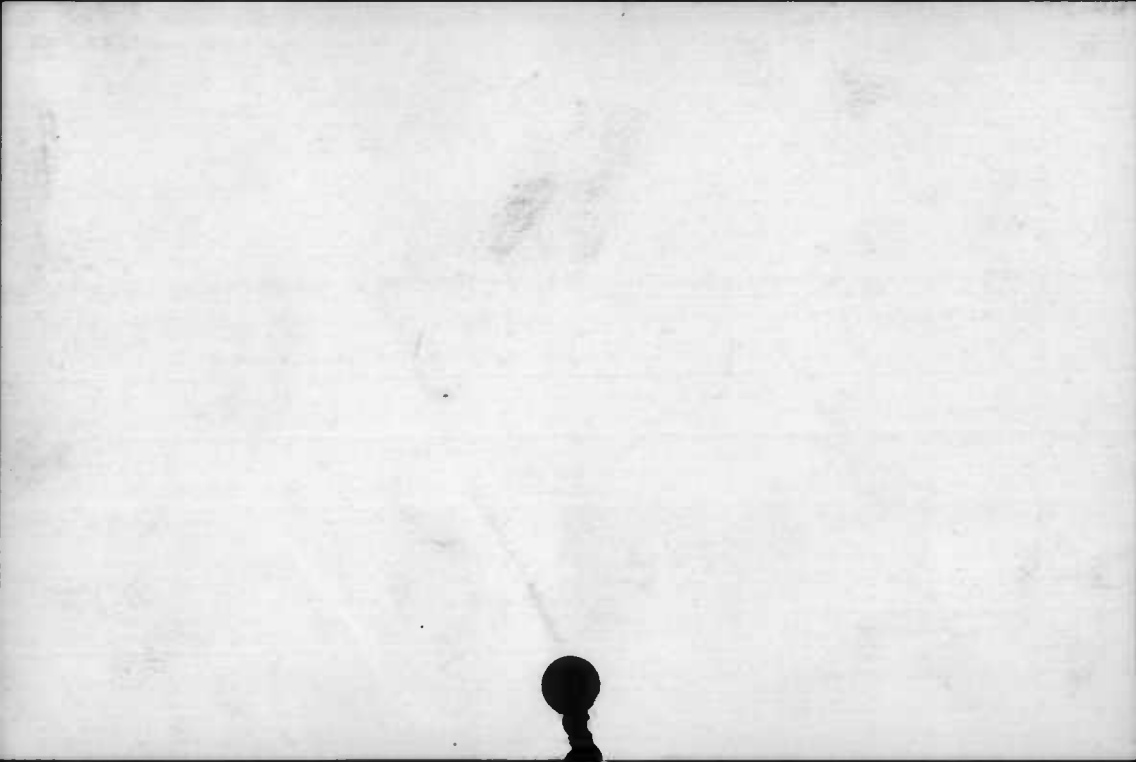
*1 day*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. J. L. Linder*

Address

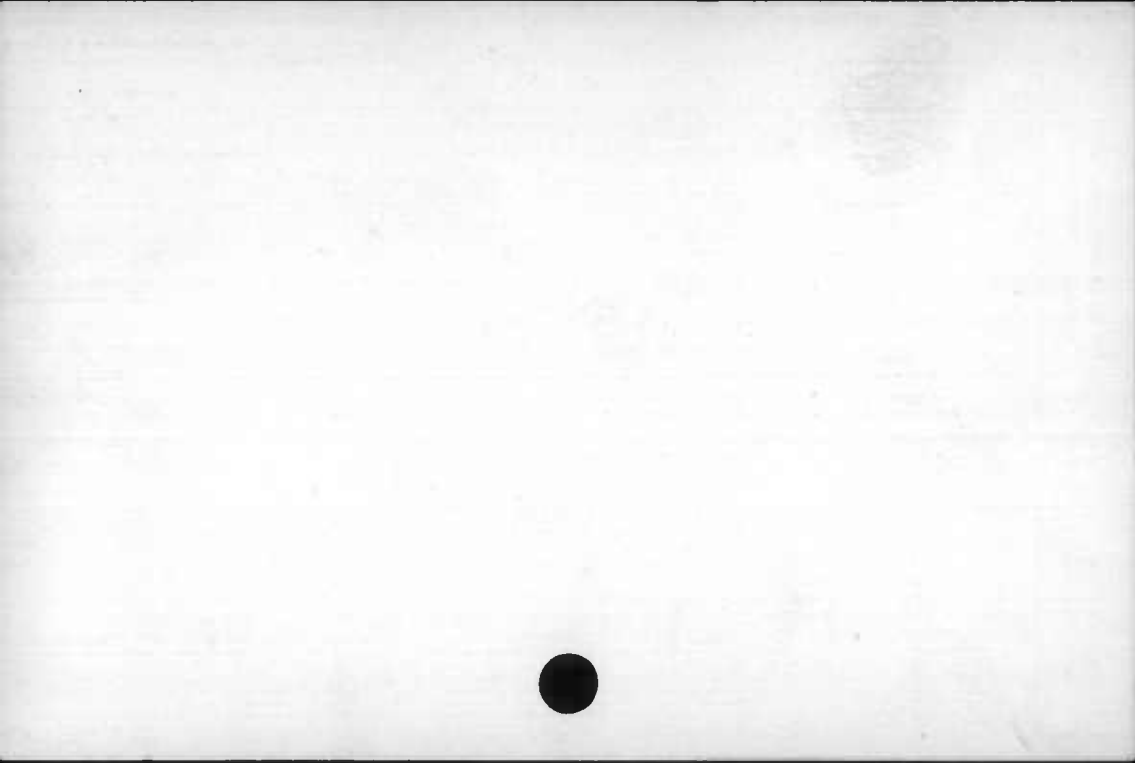
*Sadlersville MD*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name		Carrie LeBess Tull		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Starr	County T. A.	MARYLAND	
	Date of death	1909	Month Aug	Day 17	Age 21
	Sex	Female	Color or Race	White	Birth-place
	Occupation	Housewife	Where Residing if not at place of death	Place of death	Marked on map
	Married, Single or Widowed	Married	Name of Wife or Husband	John M. Tull	
	Father's Name	John M. Hooney	Father's Birthplace	Tulsa, Okla.	
	Mother's Maiden Name	Carrie Sherman	Mother's Birthplace	T. A. Okla.	
	Name of person giving Information	J. M. Hooney	How related to deceased	Father	
PHYSICIAN OR CORONER	CAUSES OF DEATH				27
	Primary	Tuberculosis			How long
	Immediate	Exhaustion			How long
	Are the name, age, sex, color, date and place correctly given above?	Yes			
	Signature of Physician	[Signature]			
Accident or Suicide		[Signature]			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Walter Crawford Vansant</i>		County <i>Princess Anne</i>		MARYLAND	
Died at <i>near Millington</i>		Town <i>Millington</i>		Days <i>2</i>	
Date of death 190 <i>9</i> Month <i>8</i> Day <i>12</i>		Age <i>2</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Elliott Vansant</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Ada Guling</i>		Mother's Birthplace <i>MD</i>			
Name of person giving Information <i>James Vansant</i>		How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

105

Primary

*Enterocolitis*

How long

*2 weeks*

Immediate

*Conpulsions*

How long

*48 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Dr. W. H. Jacobs*

Address

*Millington MD*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Mary A Warr

## CERTIFICATE OF DEATH

Died at *near Templeville* Town*Turner* County

MARYLAND

Date  
of death *1909*Month *8*Day *8*Age *75*

Years

Months

Days

Sex *Female*Color or  
Race *White*Birth-  
place *md*

Occupation

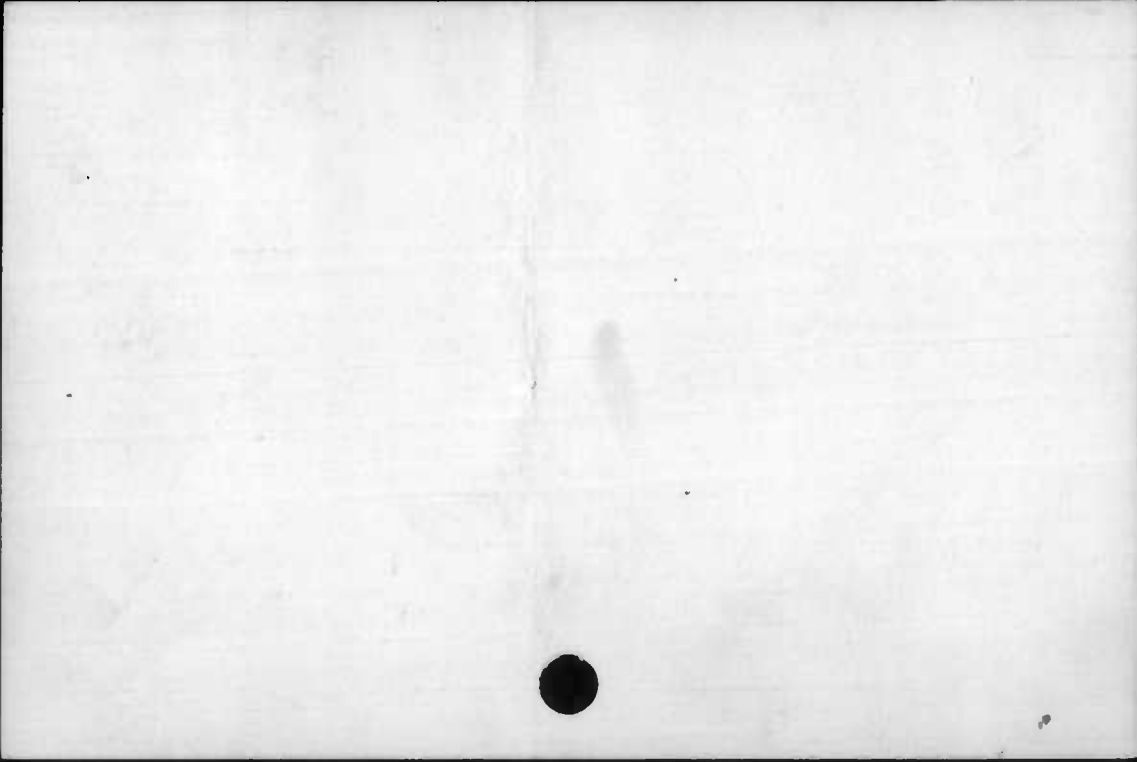
Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband *Wm H Warr*Father's  
Name *Richard Holden*Father's  
Birthplace *md*Mother's  
Maiden Name *Mary A Holden*Mother's  
Birthplace *"*Name of person giving  
In formation *Wm H Warr*How related  
to deceased *Husband*

## CAUSES OF DEATH

Primary *Infirmities of Advanced age*How long *Two weeks*Immediate *Fall, Accident*How long *" "*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *Foster Sush*Address *Sussexville*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mattie Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Chestertown		Queen Anne					
Date of death		Month	Day	Age	Years	Months	Days
1909 Aug.		26		20		5	22
Sex	Female	Color or Race	Colored	Birth-place	Queen Anne Co.		
Occupation	Housework			Where Residing if not at place of death	At home		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Henry Wilson				
Father's Name	James Knight			Father's Birthplace	Queen Anne Co.		
Mother's Maiden Name	Charlotte Farrell			Mother's Birthplace	Queen Anne Co.		
Name of person giving Information	Perry Wilson			How related to deceased	Father in law		

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	Typhoid Fever	How long	2 weeks
Immediate	Typhoid Fever	How long	2 weeks
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	H. B. Inge Simmons
		Address	Chestertown Md.
Accident or Suicide	no.		

~~Ma~~

C. L. Dodd

Union Town

2 A. Co

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